

Robert Lionel Sanford

PLAINTIFF/PETITIONER/MOVANT'S NAME

V-25776

PRISON NUMBER

IRONWOOD STATE PRISON
PLACE OF CONFINEMENTPO BOX 2149 BLYTHE, CA
ADDRESS 92226

2154	1983
FILING FEE PAID	
Yes	No <input checked="" type="checkbox"/>
FFP MOTION FILED	
Yes <input checked="" type="checkbox"/>	No
COPIES SENT TO	
Court <input checked="" type="checkbox"/>	ProSe

FILED	
JUN 11 2008	
CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA	
BY	DEPUTY

United States District Court
Southern District Of California

Robert Lionel Sanford

Plaintiff/Petitioner/Movant

DOE Director of Corrections
L. E. Scribner, warden
De Levin cmg
S. Thomas nurse practitioner

Defendant/Respondent

R. Soutell LVN
L. Bonnett Appeal Coordinator
D. Holbrook Appeal Coordinator
I, R

'08 CV 1049 H PCL

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS

I, R, declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)
If "Yes," state the place of your incarceration Ironwood State Prison, CALIFORNIA.

Are you employed at the institution? ☒ Yes ☐ No

Do you receive any payment from the institution? ☒ Yes ☐ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

(Defendant/Respondent
Debra Dexter warden)

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. .84 A hour

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?:

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: Year: Model:

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

Child support Iowa case #

Restitution \$5,000 in California.

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

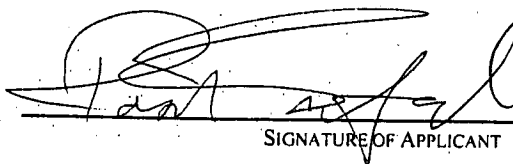
N/A

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

N/A

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE 6-4-08


SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant _____

Sanford, Robert

(NAME OF INMATE)

V25171

(INMATE'S CDC NUMBER)

has the sum of \$ -12.22 on account to his/her credit at _____

Ironwood State Prison

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

None

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$.30

and the *average monthly deposits* to the applicant's account was \$ 2.25

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

6/9/08

DATE

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

OFFICER'S FULL NAME (PRINTED)

OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Robert Lionel Sanford, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☒ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE

6/4/08

SIGNATURE OF PRISONER

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

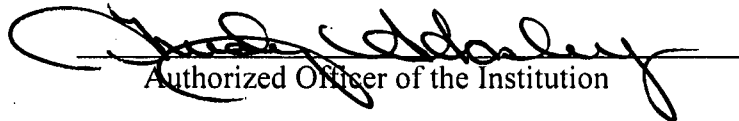
I certify that attached hereto is a true and correct copy the prisoner's trust account statement showing transactions of;

SANFORD, ROBERT V25176 for the last six months at

IRONWOOD STATE PRISON where he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 2.25 and the average balance in the prisoner's account each for the most recent 6-month period was \$.30.

Dated 06/09/08


Authorized Officer of the Institution

REPORT ID: TS3030 .701

REPORT DATE: 06/09/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
IRONWOOD STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU JUN. 09, 2008

ACCOUNT NUMBER : V25176 BED/CELL NUMBER: DFB300000000206L
ACCOUNT NAME : SANFORD, ROBERT LIONEL ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
11/01/2007		BEGINNING BALANCE					0.00
ACTIVITY FOR 2008							
04/07*VD54		INMATE PAYROL 5756/MAR08			1.47		1.47
05/05*VD54		INMATE PAYROL 6211/APR08			5.57		7.04
05/08 W512		LEGAL POSTAGE 6288/LPOST				5.70	1.34
05/13 W512		LEGAL POSTAGE 6383/LPOST				1.00	0.34
06/05*VD54		INMATE PAYROL 6724/MAY08			6.44		6.78

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
04/03/2008	H110	COPIES HOLD	5694//COPY	2.80
05/13/2008	H109	LEGAL POSTAGE HOLD	6383/LPOST	4.80
05/13/2008	H109	LEGAL POSTAGE HOLD	6383/LPOST	4.80
05/13/2008	H109	LEGAL POSTAGE HOLD	6383/LPOST	1.00
05/27/2008	H107	POSTAGE HOLD	6562/POST	5.60

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 04/02/04 CASE NUMBER: BA248066
COUNTY CODE: LA FINE AMOUNT: \$ 5,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/01/2007		BEGINNING BALANCE		5,000.00
04/07/08	VR54	RESTITUTION DEDUCTION-SUPPORT	1.62-	4,998.38
05/05/08	VR54	RESTITUTION DEDUCTION-SUPPORT	6.17-	4,992.21
06/05/08	VR54	RESTITUTION DEDUCTION-SUPPORT	7.15-	4,985.06



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY J. Royer 6-9-08
TRUST OFFICE

REPORT ID: TS3030 .701

REPORT DATE: 06/09/08

PAGE NO: 2

IRONWOOD STATE PRISON
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU JUN. 09, 2008

ACCT: V25176 ACCT NAME: SANFORD, ROBERT LIONEL ACCT TYPE: I

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	13.48	6.70	6.78	19.00	0.00

CURRENT
AVAILABLE
BALANCE

12.22-

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST:

J Royer 6-9-08
CALIFORNIA DEPARTMENT OF CORRECTIONS

BY

TRUST OFFICE

PROOF OF SERVICE

Declaration of Service by Mail

I, Robert Lionel Sanford, declare that I am over the age of eighteen (18) and that I (am/am not) a party to this action. On June 9th

2008, I deposited a copy of the following document(s): 3 original
And (2) copies to the United States
District Court of Southern California,
A 42 U.S.C 1983 complaint along with
Declaration And Exhibits of all supporting
Documents.

In a sealed envelope with the postage prepaid into the United States mail outlet via an authorized California Department of Corrections employee at Ironwood State Prison, in Riverside County, Blythe, California, and addressed as follows:

United States District Court of
Southern California.
Office of the Clerk.
880 Front Street Suite 4290
SAN DIEGO, CALIFORNIA
92101 - 8900

I declare under penalty of perjury by the laws of the State of California that the foregoing is true and correct (pursuant to 28 USCA §1746(2)).

DATE June 9, 2008

SIGNATURE [Signature]